

***MASSACHUSETTS BOARD OF CONCILIATION AND ARBITRATION**
REQUEST FOR COLLABORATIVE BARGAINING TRAINING/FACILITATION

399 Washington Street, 5th Floor, Boston, Massachusetts 02108
Telephone (617) 727-3466 Fax (617) 727-4961

LABOR ORGANIZATION

Name: _____

Address: _____

Telephone: _____

Fax: _____

Labor Representative

Name: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

EMPLOYER

Name: _____

Address: _____

Telephone: _____

Fax: _____

Employer Representative

Name: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

Number of Participants in training:

Current Bargaining Status: _____

Specify training or facilitation request:

SIGNATURES:

Labor Representative

Employer Representative

Date: _____

Date: _____

NOTE: Training requests must be jointly filed. Specific questions can be directed either to the Boston Office at (617) 727-3466 or to the Western Regional Office (413) 784-1230. Parties seeking training will be provided the training materials in advance of the training and are responsible for providing copies to the participants. Please contact the Board Staff for information on the facilities and materials needed for training.

CBT # _____

Trainers Assigned: _____